

UNITED STATES DEPARTMENT OF THE INTERIOR

Bureau of Indian Affairs

CREEK NATION EUFAULA DORMITORY

716 Swadley Drive

Eufaula, OK 74432

918/689-2522

STUDENT ENROLLMENT APPLICATION

Grade Applying For: _____

Failure to provide accurate information or falsification of information may result in your release from Creek Nation Eufaula Dormitory.

IDENTIFICATION: _____ Social Security Number: _____

NAME OF STUDENT: _____
Last First Middle

Address: P. O. Box _____ Street _____

City _____ State _____ Zip Code _____

Date of Birth: _____ Place of Birth: _____
Month Day Year City StateTribal Affiliation: _____ Degree Indian: _____ Enrollment Number _____
(A copy of your Certificate of Degree of Indian Blood must be attached.)

Sex: Male () Female () Religious Affiliation (Optional): _____

PARENT/GUARDIAN INFORMATION

With whom do you live: () Both Parents () Mother () Father () Other _____

Father Name: _____ Mother Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Tribal Affiliation: _____ Tribal Affiliation: _____

Home Phone: () _____ Home Phone: () _____

Work Phone: () _____ Work Phone: () _____

Emer. Phone: () _____ Emer. Phone: () _____

Name of person/contact at emergency number: _____

(If the student does not live with either parent, complete the following information for the guardian. If the student is a ward of the court attach documents and provide information on the person responsible for the student. Students may not list themselves as guardians even if they are 18 or older.)

Guardian Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____

Signatures

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before this student is admitted.

Parent/Guardian Signature

Date

I agree to support all program policies and procedures while my student is in attendance at Creek Nation Eufaula Dormitory.

Parent/Guardian Signature

Date

I agree to abide by all program policies and procedures while I am in attendance at Creek Nation Eufaula Dormitory. I understand that violation of program rules may result in disciplinary action including release from school.

Student Signature

Date

Consent for Drug Screening and/or Drug Testing

Creek Nation Eufaula Dormitory has a zero (0) tolerance Substance Abuse policy. In keeping with this policy, it may be necessary to do random drug screening or drug testing as needed while your child is here on the dormitory campus. My signature below indicates that I give consent for my child to receive drug screens at Creek Nation Eufaula Dormitory or if referred to Creek Nation Behavioral Health Services to submit to drug testing. Results from this screening will be confidential and known only to necessary staff and that I will receive results if requested.

Parent/Guardian Signature

Date

Audio/Visual Release

Eufaula Dormitory photographs, videotapes or records students and activities for promotional purposes in the community (newspaper). If **you do not want** your child photographed, videotaped or recorded for any reason, please sign below.

Parent/Guardian Signature

Date

NOTICE TO PARENT AND STUDENT

For reasonable cause and essential in assuring the health and safety of all students, Creek Nation Eufaula Dormitory staff, acting in loco parentis as legal custodians of the school property, may at their discretion exercise search and seizure activities. Such search and seizure activities shall be in compliance with 25 CFR - Part 42.3. (b), "Rights of the Individual Student".

Vandalism Policy: Creek Nation Eufaula Dormitory student and parents are hereby notified that all student acts of vandalism against the property of Creek Nation Eufaula Dormitory will be the financial responsibility of the student/family.

Shoplifting Policy: The store/vendor may demand full reimbursement and damages. The vendor demand letter will be forwarded to the student and parent/guardian.

BUREAU USE ONLY

A. I certify that the above student is _____ degree of Indian blood.

Signature of Agency Official

Title

Date

B. CRITERIA FOR BOARDING SCHOOL

Favorable action is recommended upon this application because this case conforms to the following criteria for boarding school or out of boundary enrollment. If this application is for an off-reservation boarding school and for social reasons, a social summary should accompany this application.

Check all applicable criteria.

EDUCATION FACTORS

Federal/public schools near student's home:

() Grade level not offered.

() Are severely overcrowded.

() Exceed 1 ½ mile walking distance to school or bus route.

() Do not offer special vocational - preparatory training necessary for gainful employment.

() Do not offer adequate provisions to meet academic deficiencies or linguistic/cultural differences.

() Receiving School offers special academic program needed by student.

SOCIAL FACTORS

In his/her family environment, the student:

() Was rejected or neglected.

() Does not receive adequate parental supervision.

() Well being was imperiled due to family behavioral problems.

() Has behavioral problems too difficult for solution by family or local resources.

() Has siblings or other close relative enrolled who would be adversely affected by separation.

Signed:_____

Signature of Social Services Official

Date

Signed:_____

Signature of Education Official

Date

C. School Application:

Approved:_____ Not Approved:_____

Principal/Registrar

Date

SOCIAL SUMMARY

1. Student's Legal Name _____ Phone Number - Home _____
2. Date of Birth _____ Work _____
3. Parent or Guardian _____ Who has legal custody? _____
4. Address _____
Directions to your home: _____
5. Explain in detail reason for placement and did a specific event lead to this admission: _____

PERSONAL INFORMATION

FAMILY RELATED

1. Mother _____ Step-Parent: _____
2. Father _____ Step-Parent _____
3. Brothers and Sisters:

Male _____ Female _____ Dob _____

Male _____ Female _____ Dob _____

Male _____ Female _____ Dob _____

Male _____ Female _____ Dob _____
4. How many people live in the home? Children _____ Adults _____
5. Was the pregnancy normal? Yes _____ No _____ If no, explain: _____
6. Was alcohol or drugs used during pregnancy? Yes _____ No _____
7. During the child's developmental stages, was any behavior unusual? _____
If yes, please specify: (for example: problems with toilet training or difficulty with language) _____

8. Explain child/parent relationship: _____
9. What is the form of discipline used on the child? _____
10. What is the child's response to discipline? _____
11. Who disciplines the child? _____
12. Tell us about the relationships in the family, the current living situation, and how child feels toward his/her sisters and brothers? _____
Father (or adult male in home) _____
Mother (or adult female in home) _____
13. How will you, the parents, contribute to the child's emotional well being? _____

14. Check those behavioral area(s) in which your child is experiencing difficulties.

<input type="checkbox"/> Lying	<input type="checkbox"/> Running Away	<input type="checkbox"/> Curfew
<input type="checkbox"/> Verbal Abuse	<input type="checkbox"/> Physical Abuse to others	<input type="checkbox"/> Sexual Abuse
<input type="checkbox"/> Throw/Breaks Things	<input type="checkbox"/> Sleeping Patterns	<input type="checkbox"/> Sneaking Out
<input type="checkbox"/> Trust	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Eating Patterns
<input type="checkbox"/> Self-Esteem	<input type="checkbox"/> Tantrums	<input type="checkbox"/> Anger
<input type="checkbox"/> Fire Setting	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Blames Others
<input type="checkbox"/> Deliberately annoys others	<input type="checkbox"/> Easily annoyed by others	<input type="checkbox"/> Argues with adults
<input type="checkbox"/> Swearing	<input type="checkbox"/> Refuses to follow rules	

15. Does your child have any hobbies? ☐ If so, what? _____
and have his/her hobbies recently changed? _____

16. Have you noticed any behavioral changes linked to drug use? _____

17. As far as you know, what drugs or alcohol has your child used? _____

18. How often does your child use drugs? _____

19. How long has your child used drugs? _____

20. Does your child admit drug usage or has ever been under the influence in front of you? _____

21. Does anyone in your family have a problem with alcohol or drugs? _____

22. Is your child involved in gang activity or associates with gang members? _____

COURT RELATED

1. Has child had any contact with the court or juvenile authorities? (Arrested, jail, DHS, child protection custody, Indian Child Welfare) ☐ If yes, why is child under a court order? _____

What county? _____ (If yes, a copy of the court order is required as part of the application.)

2. Is child being seen by a probation officer or social worker? ☐ If so, what is the person's name, address (office) and telephone number? _____

3. Has the child seen or is now seeing a counselor, doctor, psychologist, psychiatrist or therapist? ☐
If so, what is the reason and who are they seeing? _____

4. Are there any evaluations such as:
Psychiatric ☐ Where _____ Date _____
Psychological Tests ☐ Where _____ Date _____
IQ Tests ☐ Where _____ Date _____
List of all psychological medications over lifetime: _____

5. Has the child had a stressful event in his/her life such as: parental separation, divorce, death, hospitalization, abuse or emotional stress? _____

6. Number of family moves in child's life _____ Length of residence in present home _____

7. Does child have any strong fears? _____

8. How does the child feel about living in a dormitory atmosphere? _____

9. Is there any family involvement or problems with the following:

Substance Abuse/Alcohol (who and explain): _____

Child Abuse (includes physical, sexual, emotional) (who and explain): _____

Deprivation (who and explain): _____

Legal problems (who and explain): _____

Incarceration (who and explain): _____

10. Child is being raised by:

_____ Natural Parents
_____ Single Parent
_____ Foster Parents
_____ Institution
_____ Other

_____ Parent and Step-Parent
_____ Adoptive
_____ Relative
_____ Grandparents

HEALTH RELATED

1. Is child allergic to any type of medication? _____ If so, what? _____
2. Does child have any physical complaints? _____ If so, what? _____
3. Does child have any medical problems which interfere with school attendance and/or needs medical care while in school? _____ If so, explain _____
4. Does your child wear glasses? _____ Hearing or eye problems? _____
5. Does child have any emotional problems that we need to be aware of? (Suicidal tendencies, depression, etc.) _____ If so, explain _____
6. Does child have problems with personal hygiene? _____
7. Does child have problems with bedwetting or soiling on self? _____

EDUCATION RELATED

1. Has child ever attended boarding school before? _____ Where _____
When _____
2. Has child ever been suspended and/or expelled from public or boarding school? _____ If yes, give the reason for the suspension or expulsion: _____
3. Has child missed more than 0-15 days, 16-25 days, 25-50+ days of school this past year? (Circle)
4. Has your child: Been retained in same grade? _____ Received speech therapy? _____
Been tested for special education, attention deficit disorder and/or learning disabilities disorder? _____
Been in special education classes or have classroom modifications? _____
5. What school subjects will child need help? _____
6. What type of relationship did child have with his teachers or principals? _____
7. What kind of relationship did child have with his friends and other classmates? _____
8. Did child participate in extracurricular activities at school? (band, sports, etc.) _____
If so, what? _____
9. Any other information our program may need to know regarding this student: _____

I, _____, agree to abide by the rules and regulations of Creek Nation Eufaula Dormitory.

Parent: _____
Date: _____

(Parent/Guardian and Student should complete the above together. All of the information you have given is true to the best of your ability. **Before the student is accepted, information will be confirmed.** I understand Creek Nation Eufaula Dormitory will call the student's previous schools or social agencies to confirm the information given on the application.)

AUTHORIZATION FOR TREATMENT
AND
DISCLOSURE OF CLINICAL INFORMATION

I am legally responsible for _____ and hereby give consent for any medical, dental, counseling, therapy, or drug/alcohol abuse treatment, and/or drug testing that becomes necessary while my child is in school. I also approve such inoculations and treatments in the field of preventive medicine as may be deemed necessary by medical personnel.

I further understand that I will be notified when emergency situations arise in medical, dental, counseling, and substance abuse or drug/alcohol treatment situations.

Consent is also given for the disclosure and exchange of pertinent information essential for medical treatment, drug/alcohol treatment, substance abuse screening or counseling services. This information may be interchanged between the Health Services, Behavioral and Mental Health Services and Creek Nation Eufaula Dormitory staff beginning August 9, 2005 and ending May 17, 2006.

Signature of Parent/Guardian: _____

Relationship: _____ Phone: _____

Address: _____
Street City State Zip

Date: _____

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Student's Name: _____ dob: _____

I, understand that my child may receive mental health services from the Creek Nation Eufaula Dormitory professional staff. I hereby give consent for my child to receive services including evaluation and treatment as necessary. I understand that my child may be attending individual counseling or be referred to another professional agency. I also give consent for the Creek Nation Eufaula Dormitory to share information, evaluations, art work, and treatment plans with other professional mental health workers or supervisors in order to provide better services for my child. I understand that in the presence of a staff member or a therapist, my child may watch age appropriate films and lectures that contain realistic and human issues. I understand that each student at the Creek Nation Eufaula Dormitory will be evaluated and if mental health services are refused by my child or protested by the parent or legal guardian, our facility may not be able to enroll or maintain the above named as a student at our school.

The services include drug and alcohol evaluation, drug testing, and referrals. I understand that my child may be placed on medication prescribed by a doctor for mental health.

I understand that my child may attend field trips that may include prison tours, rehabilitation centers, or other facilities that may demonstrate situations of consequences of negative behavior.

Any art work that my child may create in individual or group therapy may be used for educational purposes. Your child's name will not be used.

Parent/Guardian: _____ Relationship: _____

Address: _____

Witness: _____ Date: _____

CONSENT FOR RELEASE OF EDUCATION RECORDS

Send records for the following student to:

Creek Nation Eufaula Dormitory Telephone: 918/689-2522
Attn: Registrar Fax: 918/689-2438
716 Swadley Drive
Eufaula, OK 74432

as the student intends to enroll or is enrolled in our school district. In accordance with the Family Education Rights and Privacy Act (FERPA), 34 CFR 99.31, a transfer of records is requested for:

Student Name: _____ Date of Birth: _____

All educational records are requested from:

Name of School: _____

Address: _____

City: _____ State: _____ Zip: _____

Progress Reports: to include transcript of grades, records of attendance, test results related to achievement and measurement of ability

Health Records: Immunization and other health related records

Behavior Records: to include psychological tests, personality evaluations, and records of discipline, suspension or expulsion

Special Ed Records: to include speech and language evaluations, educational assessment, Child Study Team reports and most recent IEP

Transfer of student records must be made in a timely manner, within three business days of receipt of request, under state law (70 O.S. 24-101.4). I hereby authorize the release of all records for the above named student to Creek Nation Eufaula Dormitory.

Signature of Parent/Guardian

OR

Date

Norma Lee, Enrollment Clerk

Date

PARENTAL CONSENT FORM

STUDENT'S NAME _____ DOB: _____

I (We), as parent(s)/legal guardian(s), have read this Consent form for Creek Nation Eufaula Dormitory and fully understand its content.

I. FIELD TRIPS

I (We) hereby grant permission for student to participate in organized school sponsored activity trips (i.e. recreational, school clubs, camping, town trips, religious, overnight, out-of-state, extracurricular, other _____) as approved by Creek Nation Eufaula Dormitory.

I understand the students will be properly chaperoned and all precautions will be taken to insure his/her safety.

I understand that all trips and functions of the nature listed above is a privilege and may be taken away due to misbehavior or disciplinary problems.

Signature of Student

Signature of Parent/Guardian
Date: _____

II. MEDICAL

I (We) hereby grant consent/permission/authorization for the following: administer medication to student; transport student to medical facilities; hospital/clinic to provide student with health services; physical examination; immunizations; dental; emergency medical care; eye examinations (glasses); antibiotics; other, explain in detail _____.

With my full consent, Creek Nation Eufaula Dormitory staff has my permission to administer medication to my child upon issuance by health services whether day or evening.

Signature of Parent/Guardian
Date: _____

III. COMPETITIVE SPORTS

I (We) hereby grant consent/permission/authorization for my child to participate in the following competitive sports of interest to him/her: football, basketball, softball, volleyball, baseball, cheerleading, color guard, other _____.

Signature of Parent/Guardian
Date: _____

CREEK NATION EUFAULA DORMITORY
2005-2006

LEAVE PERMISSION

Please initial one or more of the items below if you wish to give your child permission to leave the Creek Nation Eufaula Dormitory campus without the sponsorship of Creek Nation Eufaula Dormitory and/or Eufaula Public Schools.

1. Student is to leave **only** with written permission each time from parent/legal guardian. ____
2. Student is to leave campus **only** with parent or legal guardian. ____
3. Student is to leave campus with authorized persons listed below: ____ *(Only persons 21 years of age or older are allowed to check students off campus.)*
4. In order to add other names to the check-out list we must have permission statement in student's file before Wednesday of the weekend to be checked out.
5. Check out privileges may be forfeited if student is not checked out properly or returned at the agreed upon time.
6. Eufaula Dormitory reserves the right to deny check out privileges if it is not in the best interest of the student.

NAME & RELATIONSHIP	ADDRESS (Street & Town)	PHONE NUMBER FOR EMERGENCY PURPOSES
1.		
2.		
3.		

I, _____, am legally responsible for _____ and understand that Creek Nation Eufaula Dormitory is released of responsibility whenever the student is checked out by above authorized persons.

I understand that Creek Nation Eufaula Dormitory has implemented a five (5) day residential program. In this program, my child will be taken to a designated bus stop location in our area on Friday evening and picked up at the same location on Sunday afternoon/early evening. I agree to be prompt on picking up/returning my child to the designated bus stop location. If I fail to meet these conditions, it will be my sole responsibility for transportation home and return to the dormitory for my child or my child will not be allowed to return to the dormitory for the remainder of the semester.

Student's Name: _____

Parent/Guardian